

Book Review

The cigarette century. The rise, fall and deadly persistence of the product that defined America, Brandt, A.M. (2007), Perseus, NY

The Cigarette Century (Brandt, 2007) is the perfect title for a history of cigarette smoking in the United States. The conquest of western societies by the cigarette between 1900 and 1950 is one of the most characterizing traits of the 20th century. Its author, Allan M. Brandt, has been a fixture in the history of public health at Harvard where he directs the Program in the History of Medicine and the Division of Medical Ethics.

The book comprises four geometrically assembled chapters ('Culture', 'Science', 'Politics' and 'Law'), of 100 pages each. Each chapter flows chronologically and covers around a quarter of a century. The body of the text is sandwiched between an introduction and a conclusion of 50 pages each, both of which are written in a more personal tone with the author recalling his impressions upon discovering the Camel Man in Times Square as a child, and his experiences as an expert witness for anti-tobacco litigation. The tempo is vivacious throughout with an impeccable, clean style. Overall, Brandt has touched all the bases for his 500-page opus to be easily read and digested by a large public.

'Culture', the first chapter, portrays somewhat simplistically the cigarette industry as a sly corporation able to "create the need" for its product among credulous Americans. Using a brilliant combination of technology to produce millions of tobacco sticks, manipulative publicity and lobbying, the industry attracted smokers. Cigarette smoking, a rare habit in 1900, became ubiquitous in 1950. This single behavior may end up characterizing the 20th century in the history texts of future generations. But can the whole story be explained only by the wit of a handful of industry leaders? Brandt notes that the market expanded beyond the expectations of its own leaders. It is difficult to accept that the industry created the need it would then satisfy. Wasn't it the emerging urban and industrial environments at the turn of the century that generated new needs in the population that the industry was then able to translate into a craving for tobacco? My hunch is that the decline of physically demanding work, transportation and household chores created for the first time in human existence an imbalance between the physical and mental load of everyday life that opened the way to nicotine addiction. Purely speculative, I agree, but if it was just a manipulation combined with agribusiness and technology, why was it cigarettes and not another competing industrial product (e.g., candies) that succeeded? This is an aspect of the history of cigarette where more work would be welcome.

In 'Science', which covers up to 1961, Brandt isolates with great lucidity the reason why epidemiology was needed to identify the health effects of smoking:

"Almost all the risks that would later come to be attributed to smoking had been well documented by clinicians in the first decades of the century. Even the risks of passive exposure to cigarette smoke had been well articulated. Yet physicians and researchers could not move from such clinical observations to more powerful and generalizable assessments of the relationship of smoking to disease. Surgeons like Ochsner [Alton Ochsner, a New Orleans chest surgeon who became an anti-tobacco advocate] might well be convinced that tobacco had caused their patient's malignancies, but their observations could never settle the larger question of causes and effect" (Brandt, 2007, p. 128).

Indeed, demonstrating that tobacco was *causing* diseases had to rest on comparative population studies, and therefore required the expertise of epidemiologists. That was quite a challenge. The chapter nicely synthesizes some of what is known about the role of epidemiologists in revealing the population effects of tobacco, but does not break new ground. Classic figures like Ernst L. Wynder, Richard Doll, and E. Cuyler Hammond are brought forward while less charismatic but nonetheless key actors on the epidemiologic stage, such as Jerome Cornfield or Morton Levin, are hardly mentioned. It is unlikely that either historians or epidemiologists alone could ever write a definitive story of the contributions of epidemiology to this topic. The epidemiological literature rapidly becomes too technical for non-epidemiologists, while the huge volume of historical documents requires the expertise of historians. Deeper insights into the full role of epidemiology during the cigarette century may require a close collaboration of historians of epidemiology and epidemiologists versed in history.

The book's best pages start with the 'Politics' chapter, which spans from 1961 to roughly the end of the 1980s. In a first phase, from the case-control studies of 1950 to the Surgeon General's Report of 1964, the causal link had been established. But the public health consequences of this demonstration were limited. Cigarette sales plunged briefly after 1964 but soon recovered. The stunning success of Phillip Morris, which grew from one of the smallest to the largest tobacco company in the world during the same period, symbolizes the industry's resilience. The demonstration of the adverse health effects of smoking fueled however the campaign against passive smoking which had a tremendous public health impact. Paradoxically, when passive smoking became the "latest" culprit, science and epidemiologic evidence played a much smaller role. The tobacco industry had easily attenuated the

regulatory activity of the Congress that followed the 1964 Surgeon General's Report by claiming that smoking was an adult choice, but it was caught in its own logic when the health of nonsmokers and children became an object of litigation. As Brandt puts it:

"The public did not need 'proof' that passive smoke could cause lung cancer to decide that it wanted smoke-free workplaces, restaurants and transportation" (Brandt, 2007, p. 296)

In telling the litigation history, Brandt finds the right words to describe the epic campaign of a heterogeneous coalition of anti-tobacco activists, lawyers, politicians, and state attorneys against the tobacco corporation. The recognition that second hand smoke killed innocent victims is related to the successful flight attendant trial in 1992. Norma Broin and her colleagues were non-smoking women who had served as flight attendants in smoke-filled cabins of American Airline planes for years and developed lung cancer. They sued Philip Morris and, in October 1997, the industry agreed to pay \$300 million to establish an institute supporting research on tobacco smoke and health. Such class action suits filed against tobacco companies evolved into the coordinated action of several states and a multi-hundred million dollar settlement, but no legislation. The settlement, however, according to Brandt, tasted bitter for anti-tobacco activists and was "one of the industry's most surprising victories" (p. 438):

"Not surprisingly the outcome was skewed by the particular participants' interests. The attorneys general secured revenues for their states, the trial lawyers secured astronomical fees; the industry secured relief from potential bankrupting litigation; and public health got the short hand." (Brandt, 2007, p. 438).

What went wrong? Too much litigation and insufficient legislation? Since the Surgeon General's report had established the causative role of tobacco in lung cancer, the attempts to force the tobacco industry to compensate its past victims and stop harming new ones took two main directions. Lawyers built cases and tried to bring the tobacco companies to their knees using litigation. At the same time, the Food and Drug Administration (FDA) and congressmen sought to constrain the industry to respect the public health. Brandt shows that neither of the two strategies fully succeeded:

"To view litigation and legislation as mutually incompatible is to misrepresent their complex historical relationship. The question was never legislation or litigation. Any successful strategy would need to employ both approaches" (Brandt, 2007, p. 439).

Simple evidence of the significant contribution of litigation has been the public release of millions of pages of internal documents of the tobacco industry. Legislation, on the other hand, could have established real constraints on the industry but required political support that it did not receive:

"Legislative action would require the development of political will that public health measures have largely failed to generate. It is difficult, for example, to name a single piece of major public health legislation since 1995" (Brandt, 2007, p. 442).

In the closing chapters, Brandt shows that, while battling in America, the tobacco industry was expanding its markets overseas,

especially in the developing world. The tobacco epidemic has become global. Hopefully, every nation will not have to go through its own cigarette century and fight the same battles, but international alliances, such as the one WHO assembled to promote the multilateral Framework Convention on Tobacco Control, will make the achievements of the most protected populations available to the rest of the world all at once.

Telling the history of cigarette smoking is not a straightforward task. It involves understanding the contribution of many scientific disciplines, from laboratory to population sciences. One needs to be familiar with clinical medicine, legislation, and litigation. The story spans many decades and is documented by an overwhelming quantity of written evidence. The historian faces a daunting challenge and there are many ways to address it. Brandt acknowledges his debt to Richard Kluger, the author of *Ashes to Ashes* (Kluger, 1997). The latter and *The Cigarette Century* are companion books in both content and style. Content-wise, the two books overlap but *Ashes to Ashes* stops in 1996, when FDA regulatory plans had not yet been dismissed. *The Cigarette Century* prolongs the story for another decade. Style-wise, the two books could not be more different. Kluger was fascinated by the people who made history. He performed many interviews and provided lively portraits of the main protagonists. Brandt focuses on strategies and processes. He is more abstract but gives us a unique perspective on the global picture. If you will allow me this analogy, it is as if one takes a guide to explore the Amazon. *Ashes to Ashes* takes you rafting on the river, while *The Cigarette Century* flies you over it in a helicopter. I would hate to miss either!

I particularly recommend *The Cigarette Century* to people interested in acting to protect the health of the public. The lessons of tobacco prevention are important per se (the cigarette remains a majorcrippler and killer worldwide), but they also inform more widely about possible strategies to control emerging threats resulting from the converging interest of business, government and technology, such as the surfeits of obesity and diabetes we are currently witnessing worldwide.

Perhaps involuntarily, the tobacco industry itself is the liveliest character in *The Cigarette Century*. Brandt gives it life, intelligence, pain, energy, power, weaknesses and cruelty, strategic erring, and resilience. A monster that has not found its slaughterer yet and has been able to recuperate from its foes' hardest, life-threatening blows. No doubt the tobacco saga will now have to contend with this new Brandt.

References

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- Kluger, R., 1997. *Ashes to Ashes: America's Hundred-Year Cigarette War, the Public Health, and the Unabashed Triumph of Philip Morris*. Vintage, New York.

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